

Extended School Services Daytime Waiver Program Evaluation

PLEASE TYPE ANSWERS IN GRAY AREAS

Collection Date:	June 30, 2019
District Name:	Simpson County
District Code (Number):	535
District ESS Coordinator's Name:	Shelina Smith
School Name:	Franklin-Simpson High School
School Code (Number):	040/007
School ESS Coordinator's Name:	Leah Wood
Total # of students who received services in this program:	204
Number of staff employed using <u>daytime</u> ESS funds:	<u>4</u> Certified <u>1</u> Classified ____ Peer Tutor ____ Volunteer
Collaborative Partners: (People/Organizations with whom you collaborate for ESS funds and resources) (select all that apply):	
<input type="checkbox"/> 21 st Century <input checked="" type="checkbox"/> FRSYSC <input type="checkbox"/> GEAR UP <input type="checkbox"/> Private Grant <input type="checkbox"/> Reading First <input type="checkbox"/> AmeriCorps <input checked="" type="checkbox"/> Title I <input type="checkbox"/> Retired Teacher Organization <input type="checkbox"/> Other: _____	
Targeted Content Areas of daytime program (select all that apply):	
<input checked="" type="checkbox"/> Math <input checked="" type="checkbox"/> Reading/ Language Arts <input checked="" type="checkbox"/> Social Studies <input checked="" type="checkbox"/> Science <input checked="" type="checkbox"/> Writing <input type="checkbox"/> Other: _____	
Program Delivery Model: Under what circumstances, or in what format, were daytime ESS serviced delivered?	
<input checked="" type="checkbox"/> After Classroom Instruction <input type="checkbox"/> Collaborative (during class) <input type="checkbox"/> During enrichment/elective course <input type="checkbox"/> During Intervention Class/Time <input type="checkbox"/> During independent practice time <input checked="" type="checkbox"/> Credit Recovery Course/Class	
Out of School Time (OST) Program school will offer IN ADDITION to daytime program (select all that apply):	
<input type="checkbox"/> Before School <input type="checkbox"/> Intercession <input type="checkbox"/> Saturday School <input checked="" type="checkbox"/> After School <input checked="" type="checkbox"/> Summer School <input type="checkbox"/> Night School	
Brief description of program: (this area will expand as you type) From your description, it should be clear how students were selected for participation, how and how often their progress was measured, and how students were able to exit the ESS Daytime program. You should also include information on who delivered services and how often those services were delivered.	
This program provided help for students that needed assistance with homework, needed to make up missed assessments without missing class time as well as make test corrections with teacher support. The program times were Monday, Tuesday, and Thursday after school and Friday morning before school. Students were encouraged to come as often as needed in order to obtain additional assistance from a certified teacher beyond the regular schedule school day. Teachers providing the support were certified in each content area.	

Program Results

Number of students who improved as a result of services:	<u>204</u> Improved
Number of students who did not improve in level of achievement as a result of services:	<u> </u> Did not Improve (Sustained) + <u> </u> Performance Declined
Number of student who were able to graduate from high school as a result of ESS intervention services:	<u>25</u> Students
Number of students who were able to move on to the next grade level (were not retained) as a result of ESS intervention services:	<u>204</u> Students
If there are students who did not improve (from the box above), provide a brief plan for reaching those students to ensure improvement and/or an explanation of why the students failed to improve (i.e. student moved during program, student attendance was a factor, etc.): (this area will expand as you type)	
Does your school wish to implement this program again next school year? (Select One)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of any planned changes to program for next year of implementation (or a brief explanation of why the program is being discontinued): (this area will expand as you type)	
This program will continue without changes.	

Shelina Smith
Signature District ESS Coordinator's

June 30, 2019
(Date)

Leah Wood
Signature School contact

June 30, 2019
(Date)

Tim Schlosser
Signature School Principal

June 30, 2019
(Date)

Note: electronic signatures are acceptable